

Site Facilitator Instructions

Enclosed in this packet are the following:

- Instructions
- Satellite Downlink Information
- Attendance Roster
- Agenda
- Evaluation/Self Assessment Form
- Return Cover Sheet

Ahead of Time

- Be sure you are referring to the appropriate program time for **your** time zone!
11:00 am – 1:30 pm EST (Eastern)
10:00 am – 12:30 pm CST (Central)
9:00 am – 11:30 am MST (Mountain)
8:00 am – 10:30 am PST (Pacific)
- Make sure the room is sufficient for your audience and that your receiver equipment can receive the satellite. You need a steerable antenna capable of receiving either C or Ku band satellite transmissions. Please refer to the enclosed document entitled **Satellite Downlink Information** for coordinates.
- Plan to access the **TEST SIGNAL**, which will be broadcast **30 minutes prior to the start of the program**. Technical assistance will **ONLY** be available the day of the broadcast, during the test signal and program. The phone number is 1-800-442-4614, for satellite problems.
- Download and make sufficient copies of the handouts. For easier downloading, each handout is posted separately. <http://www.phppo.cdc.gov/NLTN/ct111303.asp>

Before the Program Starts

- All participants and site representatives need to sign the Attendance Roster
- Each person should have a copy of the Agenda, Handout and Evaluation/Self Assessment Form
- Please note that there will NOT be a live question/answer session during the program

At the Conclusion of the Program

- Make sure that everyone has signed the Attendance Roster
- Collect the following from all participants: Evaluation/ Self Assessment Form
- Mail or fax the Return Cover Sheet, Attendance Roster, and Evaluation/Self Assessment Forms to:
NLTN, attn: Kim Davis
2121 W. Taylor St. **Please send in all forms no later than November 28, 2003**
Chicago, IL 60612
Fax: 312-793-3304
Email: kdavis@idph.state.il.us
- We will **ONLY** send a CEU certificate for each person who has signed the Attendance Roster and turned in a completed Evaluation/Self Assessment Form.

Satellite Downlink Information

PRE-BROADCAST TEST SIGNAL

Please note the appropriate time for your location!

November 13, 2003

30 minutes prior to the program.

10:30 am – 11:00 am EST (Eastern)

9:30 am – 10:00 am CST (Central)

8:30 am – 9:00 am MST (Mountain)

7:30 am – 8:00 am PST (Pacific)

PROGRAM BROADCAST TIME

Please note the appropriate time for your location!

November 13, 2003

11:00 am – 1:30 pm EST (Eastern)

10:00 am – 12:30 pm CST (Central)

9:00 am – 11:30 am MST (Mountain)

8:00 am – 10:30 am PST (Pacific)

There will NOT be a live question/answer session.

SATELLITE DOWNLINK COORDINATES

KU Band

Satellite: SBS6

Longitude: 74 degrees west

Channel: 5

Downlink (Horizontal) Frequency 11823

Uplink (Vertical) Frequency: 14123

Audio Frequency: 6.2 and 6.8

Note:

Polarization is the same as Frequency

C-Band

Satellite: AMC-3

Longitude: 87 degrees west

Channel: 21

Downlink (Horizontal) Frequency: 4120

Uplink (Vertical) Frequency: 6345

Audio Frequency: 6.2 and 6.8

Note:

Polarization is the same as Frequency

TECHNICAL ASSISTANCE FOR SATELLITE PROBLEMS

1-800-442-4614

Technical assistance, for satellite problems only, will be available
the day of the program, during the test signal and program.

IMPORTANT!! Please be sure to **test your system ahead of time**, so that
you can address any problems with the appropriate department at your institution.

RETURN COVER SHEET

Please include this sheet when you return the registration materials.

Mail or fax materials by November 28, 2003 to:

NLTN attn: Kim Davis
2121 W. Taylor St.
Chicago, IL 60612
Fax: 312-793-3304

Site Representative Name _____

Site Address _____

I have enclosed the following:

___ Attendance Roster
___ Evaluation/Self Assessment Forms

How did you learn about this program?

___ NLTN website
___ Received brochure in mail
___ PHTN website
___ Received brochure by email
___ Other: _____

Did you encounter any problems related to this satellite program? ___ Yes ___ No

If YES, please describe:

Thank You!

CHEMICAL TERRORISM PREPAREDNESS: THE BASICS November 13, 2003

Program Objectives

At the conclusion of this program, participants will be able to:

- List potential chemical agents and modes of transmission
- Describe short and long term medical consequences of human exposure to chemical agents
- Explain the role of the CDC, FBI, DOD and EPA related to chemical terrorism preparedness

Agenda

Welcome and Introductions

Role of Department of Defense

Dennis Reutter, Ph.D.

Chief, Edgewood Chemical/Biological Analytical Center,
U.S. Army Soldier, Biological and Chemical Command

Role of The Federal Bureau of Investigation

Doug Anders, Ph.D.

Microbiologist, Hazardous Materials Response Unit
Federal Bureau of Investigation

Role of the Environmental Protection Agency

Mark Mjones

Director, Emergency Response and Removal Center
Office of Emergency, Prevention, Preparedness and Response

Medical Consequences of Human Exposure to Chemical Terrorism Agents

Jimmie L. Valentine, Ph.D.

Professor of Pediatrics and Pharmacology
University of Arkansas College of Medicine

Role of the Centers for Disease Control and Prevention

David Ashley, Ph.D.

Chief, Emergency Response and Air Toxicants Branch
Centers for Disease Control and Prevention

Closing Remarks

Sponsoring Organizations

National Laboratory Training Network

A training system sponsored by the Association of Public Health Laboratories and the Centers for Disease Control and Prevention

Minnesota Department of Health, Public Health Laboratory

University of Iowa Hygienic Laboratory

Wisconsin State Laboratory of Hygiene

In cooperation with the Wisconsin Division of Public Health

Webcast provided by the Iowa Center for Public Health Preparedness

For information on additional programs, go to www.nltm.org

Chemical Terrorism Preparedness November 13, 2003

To Receive CEU Certificate

- Complete the following program evaluation and self-assessment. All information will be treated anonymously.
- Print your name and the address where you would like the certificate mailed. Include city, state, zip code.
- Fax or mail this page by November 28, 2003, to: NLTN, 2121 W. Taylor St., Chicago, IL 60612 fax 312-793-3304

Name: _____

Address: _____

EVALUATION

AGREE	DISAGREE	OVERALL
		1. The course covered the objectives stated in the brochure / handouts
		2. The level of material presented was appropriate for my background
		3. The teaching methods used were appropriate to learning
		4. The facility was conducive to learning.
		5. Based on what I learned in the course, I plan to make changes in my work practice
AGREE	DISAGREE	I AM CONFIDENT I CAN ACHIEVE THE FOLLOWING OBJECTIVES:
		6. List potential chemical agents and modes of transmission
		7. Describe short and long term medical consequences of human exposure to chemical agents
		8. Explain the role of the CDC, FBI, DOD and EPA related to chemical terrorism preparedness
AGREE	DISAGREE	SPEAKER EVALUATION
		9. Dr. Valentine (Overview of Agents, Medical Consequences) demonstrated mastery in the topic
		10. Dr. Anders (Role of FBI) demonstrated mastery in the topic
		11. Dr. Ashley (Role of CDC) demonstrated mastery in the topic
		12. Dr. Mjones (Role of EPA) demonstrated mastery in the topic
		13. Dr. Reutter (Role of DOD) demonstrated mastery in the topic

SELF ASSESSMENT (will not be graded)

Following are agencies involved with chemical terrorism preparedness. Please write the letter of the agency next to its role.

A. CDC B. DOD C. EPA D. FBI

- ___ 1. Deploy mobile laboratories and personnel
- ___ 2. Testing of clinical samples
- ___ 3. Criminal investigation
- ___ 4. Containment, decontamination, restoration, waste disposal
5. All of the following statements are true EXCEPT:
 - ___ a. Acute and latent effects of chemical exposure are identical
 - ___ b. Urine and blood can augment information concerning toxic exposure(s) to chemicals
 - ___ c. Cholinesterase testing may indicate exposure to an organophosphate
 - ___ d. Human toxicity can be profound in a chemical terrorism attack
 - ___ e. Sarin is a nerve agent
6. True or False: The goals of human specimen testing are to determine if exposure has occurred and to identify the toxicant.

ATTENDANCE ROSTER (REGISTRATION FORM)

OMB No. 0920-0017
Exp. Date: 6/30/06

Chemical Terrorism Preparedness: The Basics (MW2304) November 13, 2003

PLEASE ENTER ALL INFORMATION LEGIBLY!

Codes Found Below

PRINT Full Name	Sign Full Name	Email address	E-mail future training event notifications? Please circle, YES or NO	Occupation Code	Education Level Code	Employer Code
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			

Site Rep. Name			
Site Name			
Address	Street		
	City	State	Zip
Phone #		Fax #	

Occupation 01 Physician 02 Veterinarian 04 Laboratorian 05 Nursing Professional 06 Sanitarian 08 Administrator 11 Safety Professional 13 Educator 14 Epidemiologist 15 Environmental Scientist 12 Other _____	Type of Employer 01 Health Department (State or Territorial) 03 Health Department (Local, City or County) 04 Government (Other Local, not City or County) 05 Centers for Disease Control and Prevention 09 U.S. Food and Drug Administration 11 U.S. Department of Defense 12 Veterans Administration Medical Center/Hospital 15 Other (Federal Employer) _____ 16 Foreign 19 College or University 21 Private Industry 23 Private Clinical Laboratory 24 Physician's Office Laboratory/Group Practice 17 Hospital (Private Community) 33 Hospital (Other) 25 State Funded Hospital 26 City or County Funded Hospital 28 Health Maintenance Organization 31 Non-profit 32 Unemployed or Retired 30 Other _____
Education Level (Highest Completed) Degree 04 Associate 05 Bachelor 06 Masters 07 Doctoral (M.D.) 08 Doctoral (Other than M.D.) 09 Technical/Hospital School 03 Some College 02 High School Graduate 01 Some High School 10 Other	

Send completed form by mail or fax (312-793-3304) to:
 NLTN – Chicago Office, 2121 W Taylor St, Chicago, IL 60612

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary.

Public reporting burden for this collection of information is estimated to average five minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ASTDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017).

CDC 32.1 (Rev. 6/17/2003)